

Fig. 1

Fig 2

Back My Patients Main

Patient	Mary Doe	Age	F1	Complaint
Disposition	Home	Acuity	1	Comment

24

HPI—(HCFA) Level I-III = 1-3 items. Level IV-V = 4+ items		
Chief complaint	<input checked="" type="checkbox"/> Chest Pain: <input checked="" type="checkbox"/> SOB: <input checked="" type="checkbox"/> Nausea: <input checked="" type="checkbox"/> Vomiting: <input checked="" type="checkbox"/> Diaphoresis: <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> Palpitations: <input checked="" type="checkbox"/> AICD Event: <input checked="" type="checkbox"/> Patient over 40 years of age? <input checked="" type="checkbox"/>	
Time course	Onset: <input checked="" type="checkbox"/> Sudden <input checked="" type="checkbox"/> Gradual <input type="checkbox"/> Constant <input type="checkbox"/> Intermittent <input type="checkbox"/> Worse/persistent <input type="checkbox"/> resolved	
Location	26 — Radiation: <input checked="" type="checkbox"/> 30 34 <input checked="" type="checkbox"/> None <input checked="" type="checkbox"/> To Back 36 32 <input type="checkbox"/> No Localizing Sx. Most severe in: <input type="checkbox"/>	
Quality	<input type="checkbox"/> Pressure <input type="checkbox"/> Sharp <input type="checkbox"/> Stabbing <input type="checkbox"/> Aching <input type="checkbox"/> Dull <input type="checkbox"/> Burning <input type="checkbox"/> Cramping <input type="checkbox"/> Fullness <input type="checkbox"/> Same as previous episodes.	
Associated with	<input type="checkbox"/> URI <input checked="" type="checkbox"/> Cough <input type="checkbox"/> Headache <input type="checkbox"/> Trauma (see notes) <input checked="" type="checkbox"/> Fever <input type="checkbox"/> Chills <input type="checkbox"/> Other	
Severity	Maximum severity is <input checked="" type="checkbox"/> Current severity is <input checked="" type="checkbox"/> Pain Grade: <input checked="" type="checkbox"/>	
Exacerbated by	<input type="checkbox"/> Exercise <input type="checkbox"/> Palpation of chest <input type="checkbox"/> Movement/walking <input type="checkbox"/> Cough/deep breath <input type="checkbox"/> Other <input type="checkbox"/> Nothing	
Relieved by	Nitro: <input checked="" type="checkbox"/> <input type="checkbox"/> Oxygen <input type="checkbox"/> Supine/upright <input type="checkbox"/> Remaining still <input type="checkbox"/> OTC Medications. <input type="checkbox"/> Food <input type="checkbox"/> Nothing	
Risk Factors	CAD Risk: <input checked="" type="checkbox"/> None <input checked="" type="checkbox"/> Known CAD <input checked="" type="checkbox"/> TAD Risk: <input checked="" type="checkbox"/> None <input checked="" type="checkbox"/> Hypertension <input checked="" type="checkbox"/> PE Risk: <input checked="" type="checkbox"/> None <input checked="" type="checkbox"/> Smoking <input checked="" type="checkbox"/>	
Other:	<input checked="" type="checkbox"/> E/M caveat	
Extra Notes Space (ENS)	<div></div>	

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Fig. 3

Back My Patients Main

Patient	Mary Doe	Age	F1	Complaint
Disposition	Home	Acuity	1	Comment

HPI—(HCFA) Level I-III = 1-3 items. Level IV-V = 4+ items		
Chief complaint	<input checked="" type="checkbox"/> Chest Pain: <input checked="" type="checkbox"/> SOB: <input checked="" type="checkbox"/> Nausea: <input checked="" type="checkbox"/> Vomiting: <input checked="" type="checkbox"/> Diaphoresis: <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> Palpitations: <input checked="" type="checkbox"/> AICD Event: <input checked="" type="checkbox"/> Patient over 40 years of age? <input checked="" type="checkbox"/>	
Time course	<input checked="" type="checkbox"/> Onset: <input checked="" type="checkbox"/> Sudden <input checked="" type="checkbox"/> Gradual <input type="checkbox"/> Constant <input type="checkbox"/> Intermittent <input type="checkbox"/> Worse/persistent <input type="checkbox"/> resolved	
Location	<input checked="" type="checkbox"/> No Localizing Sx. <input checked="" type="checkbox"/> Most severe in: 26 <input checked="" type="checkbox"/> Radiation: 30 <input checked="" type="checkbox"/> None <input checked="" type="checkbox"/> To Back 36 34	
Quality	<input type="checkbox"/> Pressure <input type="checkbox"/> Sharp <input type="checkbox"/> Stabbing <input type="checkbox"/> Aching <input type="checkbox"/> Dull <input checked="" type="checkbox"/> Burning <input type="checkbox"/> Cramping <input type="checkbox"/> Fullness <input type="checkbox"/> Same as previous episodes. 32 28	
Associated with	<input type="checkbox"/> URI <input checked="" type="checkbox"/> Cough <input type="checkbox"/> Headache <input type="checkbox"/> Trauma (see notes) <input checked="" type="checkbox"/> Fever <input type="checkbox"/> Chills <input type="checkbox"/> Other	
Severity	<input checked="" type="checkbox"/> Maximum severity is <input checked="" type="checkbox"/> Current severity is <input checked="" type="checkbox"/> Pain Grade: <input checked="" type="checkbox"/>	
Exacerbated by	<input type="checkbox"/> Exercise <input type="checkbox"/> Palpation of chest <input type="checkbox"/> Movement/walking <input type="checkbox"/> Cough/deep breath <input type="checkbox"/> Other <input type="checkbox"/> Nothing	
Relieved by	<input checked="" type="checkbox"/> Nitro: <input type="checkbox"/> Oxygen <input type="checkbox"/> Supine/upright <input type="checkbox"/> Remaining still <input type="checkbox"/> OTC <input type="checkbox"/> Medications. <input type="checkbox"/> Food <input type="checkbox"/> Nothing	
Risk Factors	<input checked="" type="checkbox"/> CAD Risk <input checked="" type="checkbox"/> TAD Risk <input checked="" type="checkbox"/> PE Risk <input checked="" type="checkbox"/> None <input checked="" type="checkbox"/> None <input checked="" type="checkbox"/> None <input checked="" type="checkbox"/> Known CAD <input checked="" type="checkbox"/> Hypertension <input checked="" type="checkbox"/> Smoking	
Other:	<input checked="" type="checkbox"/> E/M caveat	
Extra Notes Space (ENS)	<div></div>	

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Don't Get Burned : 3.5 Pain Radiating to the Back

Recommendation:

Consider the diagnosis of Thoracic Aortic Dissection.

- Measure bilateral arm blood pressure, if possible.
- Look at the X-Ray specifically for signs of TAD (e.g. abnormal aortic contour, widening or mediastinum, deviation of the trachea or mainstem bronchi). Document your observations.

This is offered as a general recommendation, not a standard of care. Specific management is subject to the facts of a particular patient's presentation and the individual physician's judgement.

Chest Pain Chart

[Back](#)
[My Patients](#)
[Main](#)

Patient	Smith Sammy	Age	M56	Complaint	Chest Pain
Source	Home	Acuity		Comment	Ready to splint





HPI--(HCFA) Level I-III = 1-3 items. Level IV-V = 4+ items		   
Chief complaint	<input checked="" type="radio"/> Chest Pain: <input checked="" type="radio"/> SOB: <input checked="" type="radio"/> Nausea: <input checked="" type="radio"/> Vomiting: <input checked="" type="radio"/> Diaphoresis: <input checked="" type="radio"/> <input checked="" type="radio"/> Palpitations: <input checked="" type="radio"/> AICD Event: <input checked="" type="radio"/> Patient over 40 years of age? <input checked="" type="radio"/>	
Time course	Onset: <input checked="" type="radio"/> Sudden <input checked="" type="radio"/> Gradual <input type="checkbox"/> Constant <input type="checkbox"/> Intermittent <input type="checkbox"/> Worse/persistent <input type="checkbox"/> resolved	
Location	<input checked="" type="radio"/> No Localizing Sx. <input checked="" type="radio"/> Most severe in: <input checked="" type="radio"/> Radiation: <input checked="" type="radio"/> None <input checked="" type="radio"/> To Back	
Quality	<input type="checkbox"/> Pressure <input type="checkbox"/> Sharp <input type="checkbox"/> Stabbing <input type="checkbox"/> Aching <input type="checkbox"/> Dull <input type="checkbox"/> Burning <input type="checkbox"/> Cramping <input type="checkbox"/> Fullness <input type="checkbox"/> Same as previous episodes.	

Fig. 5

Cardiovascular	<input type="checkbox"/> RRR <input type="checkbox"/> Heart sounds normal <input type="checkbox"/> No extremity edema <input type="checkbox"/> BP in both arms normal <input type="checkbox"/> Heart normal to palpation <input type="checkbox"/> All of the above are	Rhythm: <input checked="" type="radio"/> Heart sounds: <input checked="" type="radio"/> Murmur: <input checked="" type="radio"/> Grade: <input checked="" type="radio"/> Bilat. BP's <input checked="" type="radio"/>
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Fig. 6

Chest Pain Chart

Back

My Patients

Main

Patient	Smith Sammy	Age	M56	Complaint	Chest Pain
Source	Home	Acuity		Comment	Ready to splint





<p>HPI—(HCFA) Level I-III = 1-3 items. Level IV-V = 4+ items</p>		   
Chief complaint	<input checked="" type="radio"/> Chest Pain: <input type="radio"/> SOB: <input type="radio"/> Nausea: <input type="radio"/> Vomiting: <input type="radio"/> Diaphoresis: <input type="radio"/> Palpitations: <input type="radio"/> AICD Event: <input type="radio"/> Patient over 40 years of age?	
Time course	<input checked="" type="radio"/> Onset: Sudden <input type="radio"/> Gradual <input type="checkbox"/> Constant <input type="checkbox"/> Intermittent <input type="checkbox"/> Worse/persistent <input type="checkbox"/> resolved	
Location	<input checked="" type="radio"/> No Localizing Sx. <input type="radio"/> Most severe in: <input type="radio"/> Radiation: None <input checked="" type="radio"/> To Back	
Quality	<input type="checkbox"/> Pressure <input type="checkbox"/> Sharp <input type="checkbox"/> Stabbing <input type="checkbox"/> Aching <input type="checkbox"/> Dull <input type="checkbox"/> Burning <input type="checkbox"/> Cramping <input type="checkbox"/> Fullness <input type="checkbox"/> Same as previous episodes.	

Fig. 7

Cardiovascular	<input type="checkbox"/> RRR <input type="checkbox"/> Heart sounds normal <input type="checkbox"/> No extremity edema <input checked="" type="radio"/> BP in both arms normal <input type="checkbox"/> Heart normal to palpation <input type="checkbox"/> All of the above are	<p>Rhythm: <input type="text"/></p> <p>Heart sounds: <input type="text"/></p> <p>Murmur: <input type="text"/></p> <p>Grade: <input type="text"/></p> <p><input checked="" type="radio"/> Bilat. BP's</p>
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Fig. 8

FOOTNOTES

Figure 9

Chest Pain Risk Indicators - Electronic

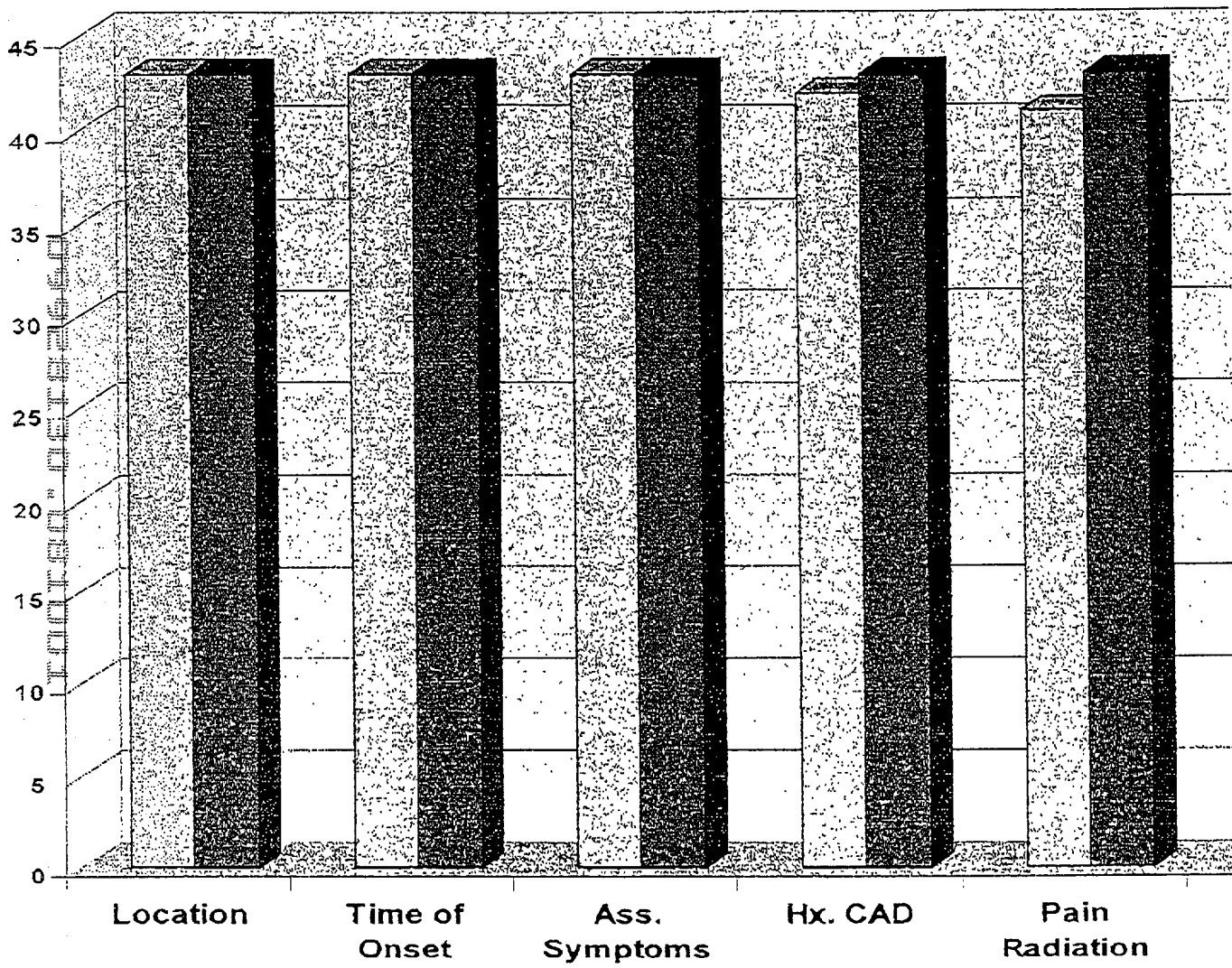


Fig. 10


<p>Extremity exam</p> 	<p> <input type="checkbox"/> Normal inspection <input type="checkbox"/> Rot. Cuff nontender <input type="checkbox"/> Biceps nontender <input type="checkbox"/> ROM normal <input type="checkbox"/> Ligaments stable <input type="checkbox"/> AC joint nontender <input type="checkbox"/> No ecchymosis, abrasion or laceration <input checked="" type="radio"/> Axillary Nerve Normal <input checked="" type="radio"/> Capillary Refill Normal <input checked="" type="radio"/> Pulses Intact Distally <input checked="" type="radio"/> Motor Intact Distally <input checked="" type="radio"/> Sensory Intact Distally <input type="checkbox"/> All of the above are normal </p>	<p> Echymosis: <input type="text"/> Tenderness: <input type="text"/> Diffuse <input type="text"/> Diffuse <input type="text"/> Anterior <input type="text"/> G-H Joint <input type="text"/> <input checked="" type="radio"/> Axillary Nerve Injury <input checked="" type="radio"/> Capillary Refill Delayed <input checked="" type="radio"/> Distal Pulse Abnormality <input checked="" type="radio"/> Motor Abnormality <input checked="" type="radio"/> Sensory Abnormality <input type="checkbox"/> Joint unstable <input type="checkbox"/> Deformity on inspection Other: <input type="text"/> Tenting of skin <input type="text"/> Distal pulses poor <input type="text"/> </p>
<p> <input type="checkbox"/> PERRL <input type="checkbox"/> Sclera not injected </p>	<p> Pupils: <input type="text"/> Sclera: <input type="text"/> Conjunctiva: <input type="text"/> </p>	

Fig. 11

